

# HIT Policy Committee

## Hearing on Meaningful Use Measures Related to Specialists, Smaller Practices and Hospitals, and Providers of Underserved Populations

### **OBJECTIVES OF THE HEARING:**

On Feb. 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 2009 (Recovery Act), a critical measure to stimulate the economy. Among other provisions, the new law provides major opportunities for the Department of Health and Human Services (DHHS), its partner agencies, and the States to improve the nation's health care through health information technology (HIT) by promoting the meaningful use of electronic health records (EHR) via incentives.

The Recovery Act requires not just adoption of health information technology (HIT) but also meaningful use of the information to improve care. To demonstrate meaningful use, the Policy Committee has chosen to focus on HIT-enabled quality measures that are both process and outcomes oriented. Most of the initial measures proposed for 2011 focused on primary care providers because of the availability of those measures. This hearing seeks input from various groups that may not be adequately addressed by the initial measures proposed, such as specialists, non-physician practitioners, smaller physician practices, safety net providers, and small community hospitals.

The Meaningful Use (MU) Workgroup is in the process of revising recommendations for the 2013 MU objectives, and will use the information gained from this hearing as input to its deliberations about future MU criteria.

### **LOGISTICS FOR THE PRESENTATION:**

These presentations will be part of the full HIT Policy Committee meeting on October 27 and 28 in Washington D C. This meeting is open to public.

We are asking each presenter to provide written testimony about their area including answers to specific questions relevant to the appropriate panel, as listed below. Please submit your written testimony to ONC by October 20, so the Committee will have enough time to review the documents. During the hearing, each panelist will have 5 minutes only to address salient aspects of their written testimony. There is no need to repeat what is in the written testimony. The remainder of the time in each panel will be devoted to a dialogue with the committee members, which is a valuable part of the hearing

### **QUESTIONS FOR PANELS:**

## I. Registries and Quality Measures

- Moderator will define the registries and provide a general perspective
- CMS and NQF will then provide an overview of current status of registries and specialty quality measures
  - CMS will provide overview of performance measurements and how the registries are used today.
  - Questions for NQF
    1. What is the current state of quality measures that pertain to specialists? Can you provide an inventory of relevant specialty measures? Can the measures be automated through HIT?"
    2. Who develops quality measures for specialists? What are the impediments to their development?
    3. To what extent are they used in quality improvement and public reporting? What are the impediments to their use?
    4. Are there any possibilities for cross-cutting measures that would apply to all or to a broad cross-section of specialists?
    5. In the context of the meaningful use care goals and objectives, what do you see as the most effective, efficient process for arriving at a set of measures that would apply to all or most specialties?
- Registry presenters should address the following questions as specific to their areas:
  1. Which are the most widely used registries at the national, state and local level?
  2. Are regional differences in registries and if so, how do they impact the value of the registry?
  3. What is the % participation (i.e. # of practitioners participating / total # practitioners in that specialty) in the national registries?
  4. What are the benefits and impediments to participating in the registries?
  5. How do registries support broader care goals? E.g., for a diabetes registry, does the information collected and entered support whole person care? How do they support population based measures? what level?(e.g., jurisdiction level; system level, etc.)
  6. To what extent are registries able to exchange health information electronically? What is the state of interoperability of registries?
  7. Are aggregate data from registries made available to EHRs contributing data in a form usable to individual practitioners?
  8. How are data elements captured and quality measures defined?
  9. How are data definitions standardized? How are the definitions embedded in the EHRs?
  10. What is the business model for registries? Is any data sold to or shared with non-covered entities?
  11. How do you protect the privacy of individuals whose data are contained in the registries?

### Specialists:

- Moderator will introduce the specialists represented on this panel and describe overarching context.
- Each presenter should address the following questions as they relate to their areas:

1. In the context of the policy priorities, care goals and objectives that are part of the definition of Meaningful Use, what is the best way for specialists to be integrated into that framework?
2. Are there relevant national registries in your specialty? Would participation in those registries be a good measure of meaningful use for the HIT incentive?
3. How can specialists and the societies that represent them help accelerate the development of HIT-enabled quality measures that are appropriate for the definition of meaningful use?
4. What other measures would you propose be considered to assess the meaningful use of EHRs by specialists? Are there any cross cutting measures that could be added to the MU definition today?
5. Which measures could be incorporated in the definition of meaningful use that would help drive more communication and coordination between specialists and primary care?

#### **Underserved and Medicaid Providers:**

- Moderator will introduce the presenters and described over arching context for this topic. This will include differences in Medicare and Medicaid incentive program.
- Each presenter should address the following questions as they relate to their areas:
  1. How will the proposed 2011 and 2013 meaningful-use objectives and measures help your specific area (pediatrics, psychiatrist, nurse practitioner dentists, etc.) demonstrate that they are improving care?
  2. What are the special considerations when applying meaningful use measures to your specific area or to underserved populations?
  3. What other measures would you propose be considered to assess the meaningful use of EHRs by your specialty, and how would they align with the care goals and objectives the Policy Committee has recommended?
  4. What are other EHR adoption barriers unrelated to the definition of meaningful use, that affect providers like you? What solutions would you recommend to address those issues? What would your role as a provider be in this solution?

#### **Smaller Provider Organizations:**

- Moderator will introduce the presenters and described over arching context for this topic. This will include differences in Medicare and Medicaid incentive program.
- Each presenter should address the following questions as they relate to their areas:
  1. How will the proposed 2011 and 2013 meaningful-use objectives and measures help smaller practices or hospitals demonstrate that they are improving care?
  2. What are the special considerations when applying meaningful use measures to the small provider organizations that you represent?
  3. What other measures would you propose be considered to assess the meaningful use of EHRs by your type of providers and how would they align with the care goals and objectives the Policy Committee has recommended?
  4. What are EHR adoption barriers for small provider organizations and what solutions would you recommend? What role should small provider organizations play in improving that adoption?